in doses of from one-half to one teaspoonful in about three ounces of water one-half to one hour before meals. There were no untoward symptoms from its use. Theoretically they attribute an intestinal antiseptic action to the aluminum chloride and are endeavoring to determine this by further observations.

Substitutes for Digitalis.—Mendel (*Med. Klin.*, 1909, xli, 1551) says that the full benefit of digitalis can only be obtained from preparations containing the mixed glucosides of digitalis. Since the mixed glucosides are responsible for the gastro-intestinal irritation, the only sure way we have of avoiding them is to give the drug intravenously. Digitalin, digitoxin, and digalen do not contain the mixed glucosides, and consequently Mendel has given up their use. He speaks very highly of digitalone, which is prepared from the fresh leaves and accurately standardized. Mendel has given digitalone to more than 200 patients, and has never seen any cumulative action or other untoward effects. The effect of a single dose is not so marked as that of digalen or strophanthin, but Mendel believes it is infinitely safer. Strophanthin and digalen are dangerous because of the tendency to an overstimulation, with consequent depression of the heart. Mendel has seen a large number of patients with marked cardiac insufficiency, who because of their inability to take digitalis internally were kept alive for years by the intravenous use of digitalone. Furthermore, he has found that a single injection of digitalone was often sufficient in cases of acute cardiac failure.

The Treatment of Acute Pulmonary Œdema.—Miller and Matthews (*Arch. Int. Med.*, 1909, iv, 356) base their article upon an experimental research on acute pulmonary œdema. They state that a knowledge of the causes producing an edema is essential to its treatment. Pulmonary œdema is usually a manifestation of some circulatory disturbance. This circulatory disturbance may be due to high blood pressure. In such a case drugs that increase arterial tension are harmful, and so are contra-indicated. The blood pressure should be reduced by bleeding, by counterirritation to the surface of the body, or by drugs that lower the blood pressure. On the other hand, the type of œdema associated with low blood pressure should be treated by drugs raising the blood pressure. They advise against the use of atropine in pulmonary œdema associated with high arterial tension. Atropine is frequently recommended in pulmonary œdema based on its power to lessen secretions. However, the œdema is not due to an increase of secretion, but to a transudation. They believe that adrenalin is probably never useful and often may be dangerous. The inhalation of oxygen is harmless, and often gives temporary relief. Morphine is decidedly beneficial in any type of pulmonary œdema relieving the nervous apprehensions of the patient.

Choral Hydrate as a Local Application.—Heller (*Münch. med. Woch.*, 1909, xlvii, 2418) has used chloral hydrate as a local application in various inflammatory conditions of mucous membranes. He employs a 2 per cent. solution of chloral hydrate in the form of a spray in the treatment of acute tonsillitis. Chloral hydrate has both antiseptic and anesthetic properties, and is especially useful to relieve pain. He found it of value in the treatment of diphtheria, Vincent's angina, syphylitic ulcerations, and ulcerative stomatitis. When the secretions are foul smelling, chloral hydrate also acts as a deodorant.

PEDIATRICS.

UNDER THE CHARGE OF

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Unusual Persistence in the Secretion of Colostrum.—H. Merriman Steele (*Archiv. Pediat.*, 1910, xxvii, 32) reports the following case of persistence of the colostrum in a healthy young woman nursing her first child. The baby weighed seven pounds and five ounces at birth and was normal in every respect. It lost steadily in weight, and when it was two weeks old weighed six pounds four ounces. It nursed regularly, seemed satisfied, and had no vomiting or regurgitation. The stools, at first normal, now became greenish and contained some mucus and fatty and proteid curds. There was no fever, and the child slept well. There was scalding about the buttocks, and seborrhœic eczema developed about the face and chest. The mother had a normal convalescence, and her milk was abundant, rich, yellow, and thick. A sample taken for analysis, after standing on ice for ten hours, showed a thick layer of cream resembling butter, the whole specimen being a deep yellow with an olive tint. Analysis showed fat, 3.60 per cent.; proteids, 1.70 per cent.; specific gravity, 1030. As this was not far from normal and the color was peculiar colostrum was suspected. A specimen placed under the microscope showed typical colostrum. The majority of the corpuscles were colostrum bodies and the fat globules varied from minute to exceptionally large size. The baby was taken from the breast and given castor oil. It was weaned on partially peptonized cow's milk and gained four pounds twelve ounces in nine weeks. The skin cleared in eight days. Colostrum continued to be secreted for three weeks, the last examination showing precisely the same condition. In total, the colostrum was secreted thirty-two days, it being fairly assumed that the secretion was colostrum up to the first examination.

Dried Milk as a Food for Infants.—C. K. Millard (*Brit. Med. Jour.*, 1910, i, 253) describes the preparation and use of dried milk and the results obtained from its use as an infants' food. Dried milk is prepared by feeding fresh milk in a continuous stream on to revolving cylinders heated by steam to about 250° F., the moisture in the milk being instantly dispelled. A thin film of dry milk forms on the cylinder and is detached by knife-edges. It is subsequently passed through a sieve and is obtained as a coarse, granular, cream-colored powder practically sterile, which, in air-tight packages, will keep almost in-